

## ADDITIONAL EMPLOYMENT HISTORY

**(Please sign and date the reverse side of this sheet.)**

Include all employment, military experience and volunteer work for at least the past five years. If earlier job history is pertinent, it should also be included. Additional Employment History pages are available for your use. It is important to complete all information for each type of employment listed even if you attach a resume. Stating "See Resume" is not adequate.

Title and Announcement Number of Position: \_\_\_\_\_

Your Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

33.

Dates of employment	Employer Name:		
From:                      To:	Employer Phone Number:		
Starting Salary:                      Per:	Address:		
Final Salary:                      Per:	Your Last Job Title:		
Hours per Week:	Supervisor's Name:	Title:	
No. Supervised:	May we contact this employer as a reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Duties:			
Reason for leaving:			

34.

Dates of employment	Employer Name:		
From:                      To:	Employer Phone Number:		
Starting Salary:                      Per:	Address:		
Final Salary:                      Per:	Your Last Job Title:		
Hours per Week:	Supervisor's Name:	Title:	
No. Supervised:	May we contact this employer as a reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Duties:			
Reason for leaving:			

35.

Dates of employment	Employer Name:		
From:                      To:	Employer Phone Number:		
Starting Salary:                      Per:	Address:		
Final Salary:                      Per:	Your Last Job Title:		
Hours per Week:	Supervisor's Name:	Title:	
No. Supervised:	May we contact this employer as a reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Duties:			
Reason for leaving:			

36.

Dates of employment		Employer Name:
From:	To:	Employer Phone Number:
Starting Salary:	Per:	Address:
Final Salary:	Per:	Your Last Job Title:
Hours per Week:		Supervisor's Name: Title:
No. Supervised:	May we contact this employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties:		
Reason for leaving:		

37.

Dates of employment		Employer Name:
From:	To:	Employer Phone Number:
Starting Salary:	Per:	Address:
Final Salary:	Per:	Your Last Job Title:
Hours per Week:		Supervisor's Name: Title:
No. Supervised:	May we contact this employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties:		
Reason for leaving:		

38.

Dates of employment		Employer Name:
From:	To:	Employer Phone Number:
Starting Salary:	Per:	Address:
Final Salary:	Per:	Your Last Job Title:
Hours per Week:		Supervisor's Name: Title:
No. Supervised:	May we contact this employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties:		
Reason for leaving:		

**CERTIFICATE OF APPLICANT AND AUTHORIZATION TO VERIFY INFORMATION**

**Important: Please read before signing this application.**

I HEREBY CERTIFY that all the information made on, or in connection with, this application is true and complete to the best of my knowledge and belief, and that I have not knowingly withheld any fact or circumstance. I understand that any misrepresentation or concealment of material fact will be sufficient grounds for rejection of application, removal from eligible lists or discharge from employment. I understand that consideration for employment in this position is contingent upon the results of a reference and/or background check. I therefore authorize the City and Borough of Juneau to investigate all statements made on my application for employment, and to discuss the results of its investigations with those responsible for hiring. I further authorize the City and Borough of Juneau to contact my former employers and any listed references or other persons who can verify information. I give my consent for former employers and other contacted persons to respond to questions pertaining to information on this application. Further, I release from liability such former employers or other persons providing information to the City and Borough of Juneau. I understand that the benefits, rules and policies of the City and Borough of Juneau may be changed, modified, eliminated or added to at any time at the City and Borough of Juneau's sole discretion and without prior notice.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
 SSN \_\_\_\_\_ Name (Print) \_\_\_\_\_

**Check your application!** Be sure you have filled it in completely.  
**Check the job announcement!** Does it require any special enclosures? Have you attached them?